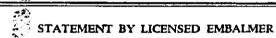
HIMM DEC 4	31 195U	THE DIVISION OF H		OURI	10540
		STANDARD CERTI			N. 40517
BIRTH NO		_ REG. DIST. NO. <u>382</u>	PRIMARY REG. DIST	"NO 4228 Registrar	's No
a. COUNTY	oward	1	2. USUAL RESI	DENCE (Where deceased lived. b. COUNTY	If institution: residence by
b. CITY (If outside of OR TOWN	royrate limite, write R	URAL and give C. LENGTH OF STAY (in this place		Separate limits, write RURAL and die	township)
d. FULL NAME OF (HOSPITAL OR INSTITUTION	If not in bounded or i	estitution, give street add temper location	d. STREET ADDRESS	(If rural, give location)	U
3. NAME OF DECEASED (Type or Print)	a. (First) Thoma	b. (Middle)	c. (Last)	4. DATE (MG) OF DEATH	mth) (Day) (Year)
	COLORIOR BACE	7. MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (BOOMS)	B. DATE OF BIRTH	9. AGE (In years)	
JOET USUAL OCCUPATION OF BUILDING BUILDING		10b. KIND OF BUSINESS OR IN DUSTRY	TI. BIRTHPLACE	SSOUY	12. CITIZEN OF W
13a FATHER'S NAME	Hal	13b MOTHER'S MAIDE	- Deverly	14. NAME OF HUSBAND OF	reyer Ha
15. WAS DECEASED EVE	R IN U.S. ARMED	FÖRCES? 16. SOCIAL SECURITY NO		is signature or name	Massow
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	CERTIFICATION	lucian	INTERVAL BETWE
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT C. Morbid condition rise to the above c the underlying car	e, if any, giving DUE TO (b)			
tion which caused death.	Conditions contril	FICANT CONDITIONS outing to the death but not use or condition causing death.	·		4201
19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bldg., etc.		R TOWNSHIP) (COUNT	(STATE)
21d. TIME (Month) OF INJURY	(Duy) . (Year)	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJUR	Y OCCUR?	
		he deceased from 12-12 and that death occurred at		12 - 12, 1950, that the causes and on the date	
23a. SIGNATURE	W. Za	du (Degree or title)	1 2	logow M	23c. DATE SIGN
24 BURIAL CREMA PROBLEMOVAL (But)	10cc.19	1950 240. NAME OF CEMETE	ington	24d. LOT HTIGH (City, town, c	no.
DATE REC'D BY LOCAL	REGISTRAR	SIGNATURE 40	TONERAL DIRE	CTOR'S SYGNATURE	ADDRESS
Ja. 13,1550	ware	a anany	<u>voucon</u>	4 1//////	A December

RECEIVED 12-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 12 - 20-50



working under my personal supervision.

Student Embalmer

Licensed Embalmer, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.